

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

3694

04675

1. PLACE OF DEATH- COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mt. Lake Park</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mt. Lake Park</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kiser Rest Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Mary</u> <u>Hilda</u> <u>Gormley BURCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 21, 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Apr. 23, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>69</u> yrs.
13. FATHER'S NAME <u>Joseph Gormley</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>214516-24048</u>	
17. INFORMANT AND ADDRESS <u>Mr. Henry G. Gregory</u>		14. MOTHER'S MAIDEN NAME <u>Matilda (Unknown)</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u>
(a) Immediate cause <u>450.0 Heart Disease</u>		
(b) Antecedent cause(s) <u>Aterio: Sclerosis</u>		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Apr. 21, 1955, that I last saw the deceased alive on Apr. 21, 1955, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE J. W. Zenzell M.D. (Degree or title) ADDRESS Oakland, Md. DATE SIGNED Apr. 21, 1955

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Apr. 23, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Light Cemetery</u>	LOCATION (City, town, or county) (State) <u>Leadmine, W. Va.</u>
DATE REC'D BY LOCAL REG. <u>4/22/55</u>	REGISTRAR'S SIGNATURE <u>Julia C. Rowan</u>	24. FUNERAL DIRECTOR <u>J. A. Duncan</u>	ADDRESS <u>Thomas, W. Va.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 20 1955

BUREAU V. S.

3695

04677

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Garrett</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Garrett</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Oakland,</u>	LENGTH OF STAY (in this place) <u>2 Months</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Mt. Lake Park,</u>	<u>X</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u>		STREET ADDRESS (If rural give location) <u>-----</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Wilson</u>	(Middle) <u>Lee</u>	(Month) <u>April</u>	(Day) <u>24,</u>
(Type or Print)		(Year)	<u>19 55</u>
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>8/10/1870</u>
9. AGE last birthday:		10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
<u>84</u> yrs.	Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Real Estate</u>	
11. BIRTHPLACE (State or foreign country): <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>John Allen Camden</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Hollifield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>----</u>	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <u>Mrs. Wm. L. Evans Oakland, Md.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
334X Immediate cause (a) <u>Cerebral Arteriosclerosis</u>		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u> </u>		
(c) <u> </u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyroid Hyper trophy</u>		
19a. DATE OF OPERATION: <u> </u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Feb 19, 1955</u> , to <u>Apr. 24</u> , 1955, that I last saw the deceased alive on <u>Apr 20</u> , 1955, and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.		
SIGNATURE <u>E. J. Baumgartner M.D.</u>		DATE SIGNED <u>4/26/55</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4/27/1955</u>
NAME OF CEMETERY OR CREMATORY <u>Greenmont Cemetery</u>		LOCATION (City, town, or county) (State) <u>Baltimore, Maryland.</u>
DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE <u>7/26/55</u>		24. FUNERAL DIRECTOR <u>Herbert C. Leighton</u>
		ADDRESS <u>Oakland, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hold. • what we can get family history
no more relatives

BUREAU V. S.

MAY 20 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3696 CERTIFICATE OF DEATH

03683

Reg. Dist. No. 162

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Garrett</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Garrett</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN <u>Rural Accident, Md.</u>	LENGTH OF STAY (in this place) <u>88 years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural of Accident, Md.</u>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural give location) <u>1</u>	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>ANANIAS</u>	(Middle) <u>-</u>	(Month) <u>April</u>	(Day) <u>6</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>October 9, 1866</u>
9. AGE last birthday: <u>88</u> yrs.		10. IF UNDER 1 YEAR: <u>5</u> Months <u>27</u> Days	
11. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Farmer</u>		12. KIND OF BUSINESS OR INDUSTRY: <u>Farming</u>	
13. FATHER'S NAME: <u>Joseph Glass</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Speicher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>Henry Ray Glass, Accident, Md.</u>			

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause (a) <u>Chronic Myocarditis</u>		8 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO		
(c)		

11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE	INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> , to <u>April 6, 1955</u> , that I last saw the deceased alive on <u>April 6, 1955</u> , and that death occurred at <u>9:10 PM</u> , from the causes and on the date stated above.			
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
<u>Milton Jaffer, M.D.</u>		<u>Friendsville, Md.</u>	<u>April 7, 1955</u>
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4-9-1955</u>	<u>Accident</u>	<u>Accident Md</u>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>April 8/1955</u>	<u>Edna Broadwater</u>	<u>Wm. Winterberg</u>	<u>Grantsville, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

APR 11 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3697 CERTIFICATE OF DEATH

Reg. Dist. No. 03684
166

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Garrett</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Garrett</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>X</u> TOWN <u>Rural Kempton</u>	LENGTH OF STAY (in this place) <u>25 yrs.</u>	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Rural Kempton</u>	<u>X</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u> -----		STREET ADDRESS (If outside corporate limits, write RURAL OR and give nearest town) <u>R. D. 1 Gormaniana, W. Va.</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Joel</u>	(Middle) <u>William</u>	(Last) <u>Gregory</u>	(Month) <u>April</u> (Day) <u>13</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>4/15/1877</u>
9. AGE last birthday: <u>77</u> yrs.		10. MONTHS <u>77</u> Days <u>77</u> Hours <u>77</u> Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life (even if retired): <u>Retired Coal Miner Bituminous Coal Mines Wisconsin</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Wisconsin</u>	
11. BIRTHPLACE (State or foreign country): <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>William Gregory</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Beardmore</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>232-09-3291</u>	
17. INFORMANT & ADDRESS: <u>R. D. 1 Mrs. Verna F. Gregory, Gormaniana, W. Va.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
<u>4341</u> Immediate cause (a) <u>Congestive heart failure</u> DUE TO		<u>1 month</u>	
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peptic Ulcer + Senile</u>			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>HOMICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 12, 1955</u> , to <u>April 11, 1955</u> , that I last saw the deceased alive on <u>April 11, 1955</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Thomas L. Rush MD</u> (Degree or title)		ADDRESS <u>Oakland, Md.</u> DATE SIGNED <u>4/14/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4/15/1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Gregory Home Cemetery</u>		LOCATION (City, town, or county) (State) <u>Garrett Co., Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4/15/55</u>		REGISTRAR'S SIGNATURE <u>Julius Rozan</u>	
FUNERAL DIRECTOR <u>Herbert C. Leighton</u>		ADDRESS <u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

APR 28 1935

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3698

CERTIFICATE OF DEATH

Reg. Dist. No. 04688 6

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>West Virginia</u>		COUNTY <u>Preston</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Oakland,</u>		3 Mo.		TOWN <u>Rural Newburg</u>		85X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nubsing Home</u>				STREET ADDRESS (If rural give location) <u>R. D. #1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>Jessie E. Helms</u>				<u>April 22, 1955</u>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<u>Female</u>		<u>White</u>		<u>Married</u>		<u>July 18, 1895</u>	
9. AGE last birthday:		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<u>59</u> yrs.		Months		Days		Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Housewife</u>				<u>Own Home</u>		<u>West Virginia</u>	
12. CITIZEN OF WHAT COUNTRY?				<u>U.S.A.</u>			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>William Bolyard</u>				<u>Viola Grimes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<u>4 no</u>				<u>-----</u>		<u>Charles Helms R 1 Newburg, W. Va.</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Interval Between Onset And Death							
Immediate cause (a) <u>Huntington Choke</u>							
Antecedent causes (s) (b) <u>DUE TO</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>DUE TO</u>							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 21, 1955</u> , to <u>Apr 22, 1955</u> , that I last saw the deceased alive on <u>Apr 12, 1955</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				DATE SIGNED <u>4/23/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>4/24/1955</u>		<u>Woodsdale Memorial Cem.</u>		<u>Grafton, W. Va.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>4/25/55</u>		<u>[Signature]</u>		<u>Herbert C. Leighton</u>		<u>Oakland, Md.</u>	

Burial by A. C. Sinclair, Newburg, WVa.

BUREAU V. S.

MAY 20 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3699 CERTIFICATE OF DEATH

Reg. Dist. No. 03687 166

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Garrett		MARYLAND		STATE West Va.		COUNTY Monongalia	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland		LENGTH OF STAY (in this place) 4 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgantown 85X-3			
HOSPITAL OR INSTITUTION OR Evns Nursing Home				STREET ADDRESS 30 West Front Street			
3. NAME OF DECEASED: (First) Kathryn (Middle) Knox (Last) Keener				4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: March 15 1865	9. AGE last birthday: 90 yrs.	IF UNDER 1 YEAR: Months 0 Days 20		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Gibbons Glade, Pa.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME: Jesse Knox				14. MOTHER'S MAIDEN NAME: Mary Thomas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Frank Guthrie, Terra Alta, W.Va.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a) Anteris sclerotic cardio vascular disease		4 yrs
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 22, 1955, to April 5, 1955, that I last saw the deceased alive on April 5, 1955, and that death occurred at 1:40 P. M., from the causes and on the date stated above.

SIGNATURE m. Dorcas Clark Harley		(DEGREE OR TITLE) M. D.		ADDRESS Terra Alta, W.Va.		DATE SIGNED April 5, 1955	
23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF April 7, 1955	NAME OF CEMETERY OR CREMATORY Mount Union Cemetery		LOCATION (City, town, or county) near Morgantown, W.Va.		(State)	
DATE REC'D BY LOCAL REG. 4/7/55		REGISTRAR'S SIGNATURE Julia Brown		24. FUNERAL DIRECTOR		ADDRESS Terra Alta, W. Va.	

MARGIN RESERVED FOR BINDING

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 28 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04686
3700
CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>GARRETT</u>		STATE <u>MD</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
X <u>OAKLAND MD</u>				X <u>OAKLAND MD</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>MINNIE MAY A MILLER</u>				<u>APRIL - 22 1955</u>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
FEMALE		WHITE		MARRIED		<u>OCT - 25 - 1878</u>	
						9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
						76 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>HOUSEWIFE</u>						<u>NEW GERMANY GARRETT Co. U.S.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>WILLIAM BROADWATER</u>				<u>ESTER JENKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
						<u>CURTIS MILLER. SWANTON. MD.</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
422.1 Immediate cause (a) <u>Pulmonary Congestion</u>						1 day	
Antecedent cause(s) (b) <u>Congestive Heart Failure</u>							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>(art. C.V.D.)</u>							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION:			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Not while work at work		HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from <u>3/13/48</u> 19....., to <u>4/22 1955</u> , that I last saw the deceased alive on <u>4/22</u> 1955, and that death occurred at <u>10:45 P.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Lushy M.D.</u>				ADDRESS <u>Oakland Md.</u>			
DATE SIGNED <u>4/25/55</u>							
23. BURIAL, CREMATION REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		<u>APRIL 25 - 1955</u>		<u>ACCIDENT CEMETERY</u>		<u>ACCIDENT MD.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>April 24/55</u>		<u>Julia Brown</u>		<u>Emory Bolden</u>		<u>OAKLAND.</u>	

BUREAU V. 31

MAY 20 1955

RECEIVED

3701

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Garrett</u>	MARYLAND	STATE <u>West Virginia</u>	COUNTY <u>Tucker</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Mt. Lake Park</u>	LENGTH OF STAY (in this place) <u>2 weeks</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hambleton</u> <u>85x-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home of Mrs. Verda Helmick</u>		STREET ADDRESS (If rural give location) <u>✓</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Jennie</u>	(Middle) <u>Ressie</u>	(Last) <u>Mullenax</u>	(Month) <u>April</u> (Day) <u>1</u> (Year) <u>19 55</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>Oct. 8, 1877</u>
9. AGE last birthday: <u>77</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>West Virginia</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Martin Luther Knotts</u>		14. MOTHER'S MAIDEN NAME: <u>Margaret Sell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>-----</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Verda Helmick Mt. Lake Park, Md.</u>			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Death
<u>422.1</u> Immediate cause (a) <u>Myocardial Heart Disease</u>	<u>3 yrs</u>
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Arteriosclerosis</u>	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1955, to Apr. 1, 1955, that I last saw the deceased alive on Apr. 1, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE <u>J. S. Mance</u>	DATE THEREOF <u>4/4/1955</u>	NAME OF CEMETERY OR CREMATORY <u>Close Mt. Cemetery</u>	LOCATION (City, town, or county) (State) <u>Hambleton, W. Va.</u>
DATE REC'D BY LOCAL REGISTRAR <u>4/7/1955</u>	REGISTRAR'S SIGNATURE <u>Julia M. Mance</u>	24. FUNERAL DIRECTOR <u>Robert E. Leighton</u>	ADDRESS <u>Oakland, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

37-2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

036906

CERTIFICATE OF DEATH

Reg. Dist. No.....

Item 14 Film 181 5-6-55 et

I. PLACE OF DEATH:

COUNTY Garrett

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN Mt. Lake Park

LENGTH OF STAY
(in this place)
2 weeksHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Mt. Lake Park, Md.STREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:

(First)

James

(Middle)

(Last)

Reed

4. DATE

(Month)

(Day)

(Year)

OF

DEATH:

April

7

19 55

5. SEX:

Male

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Widowed

8. DATE OF BIRTH:

Mar. 3, 1860

9. AGE last birthday:

95

yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Woodsman10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Uniontown, Pa.

12. CITIZEN OF WHAT
COUNTRY?

U. S. A.

13. FATHER'S NAME:

William Reed

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Walter Reed, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause

(a).....

DUE TO

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(b).....

DUE TO

(c).....

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

INJURY OCCURRED
While at Not while
work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased
alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 9, 1955 Glendale near Oakland, Md.
Julia A. Rowan L.R. Emory Boldin Oakland, Md.

RECEIVED

APR 28 1955

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY GARRETT MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN RURAL OAKLAND LENGTH OF STAY (in this place)
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY GARRETT
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN RURAL OAKLAND MD. X
 STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH:

4. DATE OF DEATH:

(Month)

(Day)

(Year)

APRIL-21 19 55'

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GARRETT Co.12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:

DAVID O. ROTH

14. MOTHER'S MAIDEN NAME:

MARGARET WEBER15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
NO

16. SOCIAL SECURITY No.:

215-20-6844

17. INFORMANT & ADDRESS:

MRS. BERNICE ROTH OAKLAND MD. RT-2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause(a) Acute Myocardial Infarction (Probable)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Instant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) HYPERTENSION
DUE TO10 yrs(c) MYOCARDIAL Infarction 4-4-52

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

M.

INJURY OCCURRED While at Not while work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4-52, 1952, to 4-10-52, 1952; that I last saw the deceased alive on 4-10-52, 1952 and that death occurred at 7 P.M. from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/24/52Elmer C ShafferEmory Bolden OAKLAND MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 28 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04691
166

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) VINDE X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.		STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print)	(First) LINDA	(Middle) MARIE	(Last) TASKER
4. DATE OF DEATH	APRIL 25, 19 55		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 4/4/55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 0 yrs. Months Days 21
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME ELSIE MARIE TASKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. NONE	
17. INFORMANT AND ADDRESS MISS ELSIE TASKER, VINDE X, MARYLAND			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

1) Meningocele 2) Spina Bifida Congenital

Antecedent cause(s)

3) Club Feet

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1955, to 4/25, 1955, that I last saw the deceased

alive on 4/24/55, 1955, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REBURY (Specify) Burial

DATE WHEREOF Apr. 26, 1955

NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery

LOCATION (City, town, or county) Mt. Zion, Garrett Co., Md

DATE RECD BY LOCAL REG. 4/26/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Julius A. Rowan RR

Otha F. Sharpless, Blaine, W.VA.

2045221395

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 8 1955

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03692

1. PLACE OF DEATH

3705

County Garrette

Registration Dist. No.

X Village or City FriendsvilleRural

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Clarence R UmbelX (a) Residence: No. X Friendsville Rural

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofWmulla Thomas

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than

578161 day, --- hrs.
or --- min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Farmer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Own farm10. Date deceased last worked at
this occupation (month and
year)195411. Total time (years)
spent in this
occupation5712. BIRTHPLACE (city or town) Friendsville Rural
(State or country) Garrette Co Md

FATHER

13. NAME Amos M Umbel,Maryland14. BIRTHPLACE (city or town) XXXXXXXXXXXX(State or country) Garrette Co Md

MOTHER

15. MAIDEN NAME Mary K Savage,16. BIRTHPLACE (city or town) Friendsville Rural(State or country) Garrette Md

17. INFORMANT

(Address) Friendsville

18. BURIAL, CREMATION, OR REMOVAL

Place Sandsprings Cem Date 4/15/55

19. UNDERTAKER

(Address) Brandonville W. Va

20. FILED

April 14, 1955 Ruth Frantz
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

(Month)

12

(Day)

1955

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 11, 1955, to April 11, 1955I last saw him alive on April 11, 1955; death is saidto have occurred on the date stated above, at 7 A. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pneumonia - Chronic
Bronchitis - Chronic
Congestive Heart Failure
Hypertension

Date of onset

52.4x

Other Contributory Causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Harold K. Hannous M.D.(Address) R.D. Markleysburg, Pa.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
